## PATENT APPLICATION FEE DETERMINATION RECORD

Effective November 10, 1998

Application or Docket Number

9/468450

CLAIMS AS FILED - PART I									SMALL ENTITY			OTHER THAN		
			(Column 1)			(Column 2)			TYPE		OR	OR SMALL ENTITY		
FOR		NUMBER FILED		N	NUMBER EXTRA			RATE	FEE	]	RATE	FEE		
BASIC FEE										380.00	OR		760.00	
TOTAL CLAIMS			9 minus 20=						X\$ 9=		OR	X\$18=		
INDEPENDENT CLAIMS			/ minus 3 =		3 = *	*		<b>]</b> [	X39=		OR	X78=	,	
MULTIPLE DEPENDENT CLAIM PRESENT								+130=		OR	+260=			
* If the difference in column 1 is less than zero, enter "0" in column 2								L	TOTAL		OR	TOTAL	760	
CLAIMS AS AMENDED - PART II												OTHER		
						Column 2) (Column 3)		_	SMALL ENTITY		OR	SMALL	ENTITY	
AMENDMENT A		REM.	AIMS AINING TER IDMENT		NUI PREV	HEST MBER IOUSLY D FOR	PRESENT EXTRA		RATE	ADDI- TIONAL FEE		RATE	ADDI- TIONAL FEE	
	Total	*		Minus	**		=		X\$ 9=		OR	X\$18=		
	Independent	*		Minus	***		=	] [	X39=		OR	X78=		
	FIRST PRESE	NTATIC	ON OF MU	JLTIPLE DEI	PENDEN	IT CLAIM		J	+130=		OR	+260=		
								L	TOTAL			TOTAL		
									DDIT. FEE		Uh ,	ADDIT. FEE		
	<u> </u>		umn 1) AIMS	1		ımn 2) HEST	(Column 3)	1 -		455			4001	
AMENDMENT B		REM AF	AINING FTER IDMENT		NUI PREV	MBER HOUSLY D FOR	PRESENT EXTRA		RATE	ADDI- TIONAL FEE		RATE	ADDI- TIONAL FEE	
	Total	*		Minus	**		=	] [	X\$ 9=		OR	X\$18=		
	Independent			Minus	***		=	] [	X39=		OR	X78=		
FIRST PRESENTATION OF MULTIPLE DEPENDENT CLAIM								┚┞	+130=		OR	+260=		
								L	TOTAL DDIT. FEE			TOTAL ADDIT. FEE		
		(Coli	umn 1)		(Coli	ımn 2)	(Column 3)		DDII. I EE			ADDIT: I EE		
		CL	AIMS		HIG	HEST		1 r	-	ADDI-			ADDI-	
AMENDMENT C		AF	AINING FTER IDMENT		PREV	MBER IOUSLY D FOR	PRESENT EXTRA		RATE	TIONAL FEE		RATE	TIONAL	
	Total	*		Minus	**		=		X\$ 9=		OR	X\$18=		
	Independent	*		Minus	***		=	]	X39=		00	X78=		
٩	FIRST PRESENTATION OF MULTIPLE DEPENDENT CLAIM						J ├			OR				
* If the entry in column 1 is less than the entry in column 2, write "0" in column 3.											OR	+260=		
** If the entry in column 1 is less than the entry in column 2, write "0" in column 3.  ** If the "Highest Number Previously Paid For" IN THIS SPACE is less than 20, enter "20."  ***If the "Highest Number Previously Paid For" IN THIS SPACE is less than 3, enter "3."  ***If the "Highest Number Previously Paid For" IN THIS SPACE is less than 3, enter "3."														
	The "Highest Nur	har Pra	riously Pai	d For (Total o	r Indenen	dent) is the	highest number	er foun	d in the and	ronriate hos	cin coli	umn 1		